

ARIZONA MIGRANT EDUCATION PROGRAM 2012 TEACHER APPLICATION FOR CLOSE UP HIGH SCHOOL PROGRAM, WASHINGTON, DC SPACE CAMP AND ROCKET CENTER, HUNTSVILLE, ALABAMA

Items to be submitted:

The enclosed forms are to be completed by the **teacher nominee**, the **District Migrant Education Coordinator**, **Principal**, **Assistant Superintendent**, or **Superintendent**. (All completed forms MUST be typed and double-spaced.)

Part A: To be completed by the **teacher nominee** and returned to the **District Migrant Education Coordinator**.

This part includes general **contact information** (A1) and essays (A2).

Part B: To be completed by the **District Migrant Education Coordinator**.

The Migrant Education Coordinator provides a written **recommendation** for the teacher nominee. If the Coordinator is the nominee, a recommendation from the Superintendent or Assistant Superintendent is acceptable. (In this case, the Coordinator must also include general contact information and an autobiography. (A1and A2 from above)

Part C: To be completed by the **Principal, Superintendent, or Assistant Superintendent** and returned to the District Migrant Education Coordinator.

The Principal, Assistant Superintendent, or Superintendent provides a written **recommendation** for the teacher nominee. This is forwarded to the District Migrant Education Coordinator.

The District Migrant Education Coordinator will send all completed applications to:

Please complete the attached forms and return them by **5:00PM** on **April 5, 2012**. There will be no exceptions to this deadline. Incomplete applications will not be considered. Please mail the completed packet to:

Arizona Department of Education Attention: Mary Frances Haluska 1535 W. Jefferson St. Bin #14 Phoenix, AZ 85007

CLOSE UP HIGH SCHOOL PROGRAM, WASHINGTON, DC SPACE CAMP AND ROCKET CENTER, HUNTSVILLE, ALABAMA MEP 2012

Please check the program you are interested in chaperoning:

☐ Close Up High School - June 10-16, 2012

☐ Space Camp – July 8-13, 2012

TEACHER NOMINEE Part A1

To be completed by teacher nominee and return	ed to District Migrant Education Coordinator.
TEACHER NAME:	
DISTRICT:	
SCHOOL NAME AND PHONE:	
HOME ADDRESS:	
HOME PHONE:	
CELL PHONE:	
DATE OF BIRTH:	SHIRT SIZE:
ANY HEALTH RELATED NEEDS:	
NUMBER OF YEARS WORKING WITH MIG	RATORY STUDENTS:
GRADE LEVELS OF STUDENTS WITH WHO	OM YOU HAVE WORKED:
SUBJECTS TAUGHT:	
EMERGENCY CON	NTACT INFORMATION
NAME	RELATIONSHIP
CONTACT PHONE NUMBERS	/
DOCTOR'S NAME AND PHONE NUMBER _	
MEDICAL ALERTS/MEDICAL ADVISORIES	
I understand that the school district, progra	am staff, the Arizona Migrant Education Program
shall NOT be held responsible or liable for	r any accident that may occur during the program. I
must be currently employed by the above of	cited district that has a migrant program when I apply
to chaperone as well as when the Programs	s are being held.
Applicant's Signature:	Date:
1535 West Jefferson, Phoenix, Arizona 8500	07 ● Voice: (602) 542-5169 ● Fax: (602) 542-5175

CLOSE UP HIGH SCHOOL PROGRAM, WASHINGTON, DC SPACE CAMP AND ROCKET CENTER, HUNTSVILLE, ALABAMA

2012 **TEACHER NOMINEE** Part A2

To be completed by **teacher** nominee and returned to **District Migrant Education Coordinator**.

Essays are to be typed. Please use a separate sheet for each response. Heading for each sheet: Teacher Name **School District** School 1. Describe your contact with the Migrant program at your school? 2. Describe rewards and challenges of having migratory students in your classroom. 3. Migratory students are faced with many challenges because of mobility and lifestyle that affect their academic performance. What educational techniques do you use to help your migratory students maintain high academic standards? 4. Why do you want to chaperone the migratory students during the summer programs?

Teacher's signature and date

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2012 TEACHER NOMINATION Part B

To be completed by the District Migrant Education Coordinator .
Name of Coordinator
Name of teacher nominee:
Name of school: Coordinator's recommendation: (Attach additional pages as needed, maximum 100 words.)

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2012 TEACHER NOMINATION Part C

To be completed by the **Principal**, **Superintendent**, or **Assistant Superintendent** and returned to the District Migrant Education Coordinator. Name of teacher nominee: Name of teacher nominee: _______ Recommendation: (Attach additional pages as needed, maximum 100 words.)

Principal/Superintendent/Assistant Superintendent's signature and date